



Arizona State
Board of Cosmetology

Sue Sansom, Executive Director

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ESTABLISHMENT DUPLICATE REQUEST FORM

Please return this form with a \$20.00 check or money order.

(Fees are non-refundable)

SALON NAME

DATE

ADDRESS

LICENSE NUMBER

CITY, STATE, ZIP

(_____)_____
PHONE NUMBER

I AM REQUESTING A DUPLICATE LICENSE FOR THE FOLLOWING REASON:

LICENSE WAS STOLEN _____

LICENSE WAS LOST _____

MOBILE SERVICES _____

OTHER _____

SOCIAL SECURITY #

SIGNATURE

IF YOU HAVE A DISABILITY AND REQUIRE REASONABLE ACCOMMODATIONS TO PARTICIPATE IN OUR SERVICES INCLUDING RECEIVING THIS INFORMATION IN AN ALTERNATIVE FORMAT, CONTACT THE ADA COORDINATOR AT 480-784-4539.